

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	7022	8-16-99
O.I.P.E. CLASSIFIER		43	9/18/99
FORMALITY REVIEW		71022	8/26/99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/6/99
2	10/11/99
3	10/11/99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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